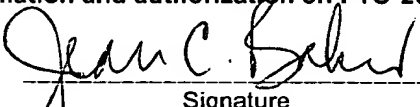




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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 960296.95700																
In re Application of Hector F. DeLuca																		
Application Number 09/769,579		Filed 1/25/01																
For METHOD OF TREATMENT OF TYPE I DIABETES																		
Art Unit 1617		Examiner S. Sharareh																
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td></td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>MAY 26 2004</td><td>\$ 420.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td></td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>TECH CENTER 1800/2900</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td></td><td>\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>17-0055</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>May 18, 2004 _____ Date</p> <p>414-277-5709 _____ Telephone Number</p> <p> _____ Signature</p> <p>Jean C. Baker _____ Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>				<input type="checkbox"/> One month (37 CFR 1.17(a)(1))		\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	MAY 26 2004	\$ 420.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))		\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	TECH CENTER 1800/2900	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		\$ _____
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))		\$ _____																
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<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))		\$ _____																
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	TECH CENTER 1800/2900	\$ _____																
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		\$ _____																

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case.

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